IA 1040A lowa Individual Income Tax Short Form 2001

For full-year lowa residents only.

A. Spouse's last name B. Current mailing address (number and street, apartment, lot or suite number) or PO Box Are your name, your spouse's name, if applicance, if app	STEP 1: Fill in	all spaces. You MU	ST fill in your Social Security Nun	nber.				
Sourcer to name B. Corp. States. 2P STEP 2. Filling Status: Mark one box only. STEP 2. Filling Status: Mark one box only. STEP 2. Filling Status: Mark one box only. STEP 3. States 2P STEP 3. States 3	Last name		Your first name/middle initial	Social Security	y Number	•		
Source for names B. Corp. State. 2P STEP 2: Filing Status: Mark one box only. STEP 2: Filing Status: Mark one box only. STEP 3: State of household with qualifying person. If qualifying person is not claimed as a dependent on this sturn, enter the person's name and country of the person's name	Α.							
STEP 2: Filling Status: Mark one box only. Status: Mark one box only. STEP 2: Filling Status: Mark one box only. STEP 3: STEP	Spouse's last name		Spouse's first name/middle initial	Social Security	/ Number	•	Your Occupation	•
STEP 2: Filing Status: Mark one box only. Single: Were you claimed as a dependent on another person's low return? YES NO	В.							
STEP 2: Filling Status: Mark one box only. Single: Were you claimed as a dependent on another person's lowareturn? VES NO	Current mailing address	ss (number and street, apartn	nent, lot or suite number) or PO Box			Are vour name.	On a series On a series at land	
Single: Were you claimed as a dependent on another person's lowa return? VES NO						your spouse's	Spouse's Occupation	•
STEP 2: Filing Status: Mark one box only. Single: Were you claimed as a dependent on another person's lowa return? YES No	City, State, ZIP					able, and your	Posidoneo	nn 12/31/01
STEP 2: Filling Status: Mark one box only. Single: Were your claimed as a dependent on another person's lows return? YES NO								
Single: Were your claimed as a dependent on another person's lows return? YES NO	STED 2: Eiling	. Ctatua. Mark ana	hevenly			return?		
STEP 3			<u> </u>				School Distri	ict Name
Stead of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Solid Qualifying widow(or) with dependent child. SSN here. Name: STEP 3			a dependent on another person's	Iowa return?	YE	S □ NO ▲	4	
STEP 3 Examption read a power of the process of the	2 Married fill	<u> </u>	ing paragraph of gualifying paragraph	not alaimad a		andont on this re	turn ontor the nore	on's name and
STEP 3 Exemption Credits VOI (pot appears a) Letter 1 (Enter 2 if filing joint or head of household) A				not claimed a	as a dep	bendent on this re		on's name and
Dependents: Enter 1 for each appear with a large of miles gloriby and the control of the control of miles gloriby and the property of the control of the cont		widow(ei) with depe	ndent child. SSN fiere. Name.				33N.	
Credits	STEP 3	a. Perso	onal Credit: Enter 1 (Enter 2 if filing join	nt or head of ho	ousehold)		_ x \$ <u>40</u> = \$;
STEP 4 1. Total wages, salaries, tips and unemployment compensation	Examplian	(and spouse if b. Enter						
STEP 4 1. Total wages, salaries, tips and unemployment compensation	•	tiling iointly)						
STEP 4 1. Total wages, salaries, tips and unemployment compensation								
2. Taxable interest. If more than \$400, complete Schedule B.		4. 2						
Figure 3 Taxable dividends. If more than \$400, complete Schedule B. 3 0.00	STEP 4 1. To	otal wages, salaries,	tips and unemployment compens	ation			1	.00
Vote Variety of Scalar Variety of Scala	2. Ta	axable interest. If mo	re than \$400, complete Schedule	B			2	.00
Net income, Add lines 1, 2, and 3,	J. 16	axable dividends. If n	nore than \$400, complete Schedul	le B			3 .	.00
5. Federal income tax refund received in 2001. Do NOT include your Federal Tax Rebate. 5. ▲	4 NI	et income. Add lines	1, 2, and 3				4. 🛦	.00
7. Federal tax payment information. (a) Federal tax withheld		ederal income tax ref	fund received in 2001. Do NOT in	clude your F	ederal T	ax Rebate	5. 🛦	.00
(b) Additional paid in 2001 for 2000 and any prior year. b. \(\) 0.00 7	6. TO	OTAL. Add lines 4 ar	nd 5				6	.00
(b) Additional paid in 2001 for 2000 and any prior year. b. \(\) 0.00 7	7. Fe	ederal tax payment inf	ormation. (a) Federal tax withheld		a	. 🛦	.00	
8. Income subject to tax. Subtract line 7 from line 6. If greater than \$100,000 you must use IA 1040 long form. 8								.00
STEP 5 9. Tax from tables. See tax tables on pages 6-11, worksheets on page 5	8. In	come subject to tax. Si						
10. Total exemption credits from Step 3.	•							
Figure your tax, 12. Total credits. Add lines 10 and 11			· -					
12. Total credits. Add lines 10 and 11	Ciaura							
credits 13. BALANCE. Subtract line 12 from line 9. If less than zero, enter zero	youi							
and checkoff contri- contri- totions 16. State Fairgrounds Renovation Contribution. \$1 or more supports the Wildlife Diversity Program	,							
the state Fairgrounds Renovation Contribution. \$1 or more supports the Wildlife Diversity Program	and 44 6	ALANCE. Subtract III	ne 12 from line 9. If less than zero	o, enter zero.			13. 🛦	00
butions 16. State Fairgrounds Renovation Contribution. \$1 or more helps renovate the fairgrounds	checkoff 14. S	chool District Surtax	/Emergency Medical Services Sur	tax, pages 1	2-13	_	14. 🛦	00
17. Keep lowa Beautiful Contribution. \$1 or more assists beautification efforts in lowa						-		
18. Total Tax and Contributions. Add lines 13 through 17		-				-		
Total Check to Treasurer, State of lowa / Mail to lowa Income Tax Processing, Pour James of Lack to Treasurer, State of lowa / Mail to lowa Income Tax Processing, Pour James of Lack to Treasurer, State of Lack to Lack to Lack to Treasurer, State of Lack to L								
STEP 6 20. If line 19 is more than line 18, subtract line 18 from line 19. This is your REFUND	· .		_					
Mail to lowa Income Tax Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120 21. If line 19 is less than line 18, subtract line 19 from line 18. This is the AMOUNT OF TAX YOU OWE 21. \(\text{\textsuperscript{\text{A}}} \) .00 22. Penalty. See back of payment voucher	19. lo	wa income tax withh	eld from Box 17 of your W-2 form	(s)			19. 🛦	.00
Figure your 21. If line 19 is less than line 18, subtract line 19 from line 18. This is the AMOUNT OF TAX YOU OWE	STEP 6 20. If	line 19 is more than	line 18, subtract line 18 from line	19. This is y	our REF	UND	20. 🛦	.00
your refund 22. Penalty. See back of payment voucher	т <u>т</u> М	ail to lowa Income	Tax Refund Processing, Hoover	State Office	e Bldg,	Des Moines IA	50319-0120	
refund 22. Penalty. See back of payment voucher	Figure 21. If	line 19 is less than lir	ne 18, subtract line 19 from line 18.	This is the AM	OUNT O	F TAX YOU OWE.	21. 🛦	.00
Addue 24. TOTAL AMOUNT DUE. Add lines 21, 22, and 23 and enter here		enalty. See back of	payment voucher				22. 🛦	.00
Addue 24. TOTAL AMOUNT DUE. Add lines 21, 22, and 23 and enter here	틀or 23. In	terest. See back of	payment voucher				23. 🛦	.00
Write check to Treasurer, State of Iowa / Mail to Iowa Income Tax Processing, PO Box 9187, Des Moines IA 50306-9187 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund. PLEASE I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Preparer's Signature Preparer's Signature Date Paytime Telephone Number Daytime Telephone Number I dentification Numbers	amount 24 T		• •					
owe or decrease your refund. \$1.50 to Green Party \$1.50 to Campaign Fund \$1.50 to Green Party \$1.50 to Campaign Fund \$1.50	, aue							
owe or decrease your refund. \$1.50 to Green Party \$1.50 to Campaign Fund \$1.50 to Green Party \$1.50 to Campaign Fund \$1.50	POLITICAL CI					<u> </u>		
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owe or decrease your refund. \$1.50 to Campaign Fund \$1.50 to Campaig	increase the	e amount of tax you				Party This option i	s not available to	Yes
PLEASE I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Your Signature	owe or deci	rease your refund.	· · · · · · · · · · · · · · · · · · ·			0.000.00	ers.	
knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Sign Here	DIEASE	I (We) the undersigned decla				•		
Your Signature Date Sign Here Freparer's Signature Preparer's	11-A5E							
Your Signature Date Sign Here Freparer's Signature Preparer's	SIGN HERE							
Spouse's Signature Date Address • Verify your Social Security Number(s) Daytime Telephone Number Daytime Telephone Number Identification Number		Your Signature	Date	Preparer's S	Signature			Date
Verify your Social Security Number(s) Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number	SIGN HERE	Canada Cirration		A -1 -1 - :				
Security Number(s) Daytime Telephone Number Daytime Telephone Number Identification Number	Verify your Social	opouse's oignature	Date	: Address				
	Security Number(s)	Daytime Telephone Number		Daytime Tel	ephone Nu	mber	Ide	entification Number
	 Recheck your math 		This return is du	e April 30. 2	2002.		41-080	501



IA 1040A Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040A

Social Security Number

Note: You must report all taxable interest and dividends on IA 1040A, even if you are not required to complete Schedule B.

PART I:

You must complete Part I if you received more than \$400 in interest in the tax year. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds, and interest from tax refunds. Do not report interest from Federal securities.

INCOME

INTEREST

Interest Income. List Names of All Payers.

Name of Payer	AMOUNT
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
Total Taxable Interest Income.	
Add the amounts; enter here and on IA 1040A, line 2.	.00

PART II:

You must complete Part II if you received more than \$400 in gross dividends in the tax year. Deduct that portion of any net dividend from mutual funds that is attributable to Federal securities.

DIVIDEND

INCOME

Dividend Income. List Names of All Payers.

Name of Payer	AMOUNT
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
Total Taxable Dividend Income. Add the amounts; enter here and on IA 1040A, line 3	.00